

# EXHIBIT 47

PLEASE TYPE OR PRINT LEGIBLY. DO NOT ERASE, STRIKE OUT, OR VARIATE OVER.

 <b>Massachusetts Registry of Motor Vehicles</b> <b>RMV-1 Application Form (617) 351-4500</b> <a href="http://www.massrmv.com">http://www.massrmv.com</a>			3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> OS (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap)		
1. Reg Eff Date		2. Reg Exp Date		4. <input type="checkbox"/> Address Change	

**Registration/Vehicle Information**

5. Plate Type		6. Registration Number		7. Previous Title #		8. State	
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other							
10. Vehicle Identification Number: 1H011GEV193K3305102							
1. Year 2003	12. Make HD	13. Model Name FXDWG	14. Model # T	15. Body Style MC	16. Circle Color (s) of Vehicle 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple	0-Orange 1-Black 2-Blue 3-Brown	17. # of Cylinders/Passengers/Doors 2 1/2 0
8. Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	19. Total Gross Weight (Laden)		20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other	21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Owner Information**

22. Owner 1 License #/State 016504851 MA		23. Owner 2 License #/State			
5. Owner 1 Name (Last, First, Middle) NARDONE, LOUIS J.				26. Owner 1 Date of Birth 9/23/1950	
7. Owner 2 Name (Last, First, Middle)				28. Owner 2 Date of Birth	
9. Company/Organization Name (if applicable)				30. City/Town Where Vehicle is Principally Garaged:	

1. Mailing Address 54 EDENFIELD AVE	City WATERTOWN	State MA	Zip Code 02472
2. Residential Address	City	State	Zip Code

## 3. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee

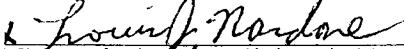
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## 4. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee

**Signatures**

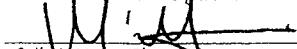
I/we the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The undersigned hereby further certify that all information contained in this application is true and correct to the best of our knowledge and belief. False statements are punishable by fine, imprisonment or both.

Signature of Owner From Block 25 or 29. Also Print Name If Different



Signature of 2nd Owner From Block 27. Also Print Name If Different

Authorized Dealer's Signature



Seller's Name (Please Print)

CYCLE CRAFT COMPANY INC.

Seller's Address

1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149

**Insurance Certification**

The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant hereinbefore named with respect to the motor vehicle hereinbefore described for a period at least coextensive with that of such registration under a motor vehicle liability policy, binder or card which conforms to the provisions of general laws, chapter 175, section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under chapter 175, section 113B, 113H and chapter 175E.

11A. Policy Effective Date: \_\_\_\_\_

Policy Change Date: \_\_\_\_\_

41B. Manual Class: 41C . Ins. Company & Code:

Insurance Co's Authorized Representative's Signature

Title Data	42. Date of Purchase 8/21/2003	43. Odometer Reading 10
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4.  New Vehicle  Used Vehicle      If new vehicle, certificate of origin must be submitted

5. Title Type:  Clear  Salvage  Reconstruct  Owner Retained  Theft  Prior Owner Retained

6. Primary Salvage Title Brands: 47. Secondary Salvage Brand

Repairable  Parts Only

**Lienholder Information**

We certify that all liens on this vehicle are listed below

1. First Lienholder Code

51. Name

BANKNORTH NA

2. Lien Address

P O BOX 1377

LEWISTON

ME

04243

3. Second Lienholder Code

54. Name

55. Lien Address

**Fee Information**

C - C 02562  
CONFIDENTIAL

ORIGINAL